

HAWAII STATE ETHICS COMMISSION
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THIS	SPACE	FOR	OFFICE	USE	ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) (First) (Middle) TELEPHONE **MATSUNAGA** MATTHEW MASAO (808) 523-6061 MAILING ADDRESS (Street) FAX 745 Fort Street, Suite 1500 (808) \$23-6030 (City) (State) (Zip Code) Honolulu HI 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE Schlack Ito Lockwood Piper & Elkind (808) 523-6061 MAILING ADDRESS (Street) FAX 745 Fort Street, Suite 1500 (808) 523-8030 (City) (Zip Code) (State) Н 96813 Honolulu

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PART II ORGANIZATION						
NAME OF ORGANIZATION YOU LOBBY F	OR (Do not abbreviate)		TELEPHONE			
AMERICAN EXPRESS COMPANY			(202) 434-0154			
MAILING ADDRESS (Street)			FAX			
801 Pennsylvania Ave NW, Suite 650						
(City)	(State)	(Zip	Code)			
Washington DC		20004				
NAME OF PERSON RESPONSIBLE FOR PREP	ARING ORGANIZATION'S EXPENDIT	RES STATEMENT	TELEPHONE			
Kyrnberly S. Messersmith			(202) 434-0154			
MAILING ADDRESS (Street)		· , , , , , , , , , , , , , , , , , , ,	FAX			
801 Pennsylvania Ave NW, Suite 650						
(City)	(State)	(Zij	Code)			
Washington DC		20004				

PAR	TIII DESCRIPTION	OF SUBJECTS UPON WHICH	HY	OL	JEXPECT TO LOBBY			
[]	Agriculture	[] Education	ι]	Human Services	[]	Science, Technology & Economic Development	
[]	Communications & Public Utilities	[] Government Operations & Finance	ſ]	Intergovernmental Relations International Affairs	s. [[•	
[×]	Consumer Protection & Commerce	[] Hawaiien Affairs	ſ	1	Labor & Employment	t :	Transportation	
11	Culture, Arts, Historic Preservation	[] Health	ι	1	Planning, Land & Water Use Management	[[Other: (indicate below)	
(1	Ecology, Energy Environmental Protection	[] Housing	ſ	3	Public Safety & Corrections			
					The state of the s		NO.	
PAR	TIV CERTIFICATIO	N OF LOBBYIST						
	I hereby certify that the	e information furnished above	is, t	to t	he best of my knowled	ge, con	rect and complete.	
	matt Matsunaga 1/12/06							
		(Signature of Lobbyist)				(Date)		
PAR		ON TO LOBBY				<u> </u>		
NAME				TIT	LE OF AUTHORIZING OFF	ICER O	R PERSON REPRESENTED	
Kymb	erly S. Messer smi th			Vi	ce-President, State Govern	nent Affa	uirs	
NAME OF ORGANIZATION (if applicable)				TELEPHONE				
AMERICAN EXPRESS COMPANY			,	(202) 43	34 - 01 54			
MAILING ADDRESS (Street)			N	FAX				
801 P	ennsylvania Ave NW, Suite	650						
	(City)	(State)			(Zip C	ode)		
Wash	ington DC				20004			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.								
Kimberly S. Wyssersmith 1/12/06								
(Signature of Authorizing Officer or Person Represented) (Date)								